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HOUSE BILL 172

**57TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2026**

INTRODUCED BY

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AN ACT

RELATING TO HEALTH; ENACTING THE SAFE STAFFING ACT; REQUIRING  
THE HEALTH CARE AUTHORITY TO PROMULGATE AND ENFORCE MINIMUM  
NURSE-TO-PATIENT STAFFING RATIOS IN HOSPITALS; CREATING THE  
STAFFING ADVISORY COMMITTEE; REQUIRING HOSPITALS TO DEVELOP AND  
IMPLEMENT POLICIES AND PROCEDURES; PROVIDING ADMINISTRATIVE  
PENALTIES; DECLARING AN EMERGENCY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Health Care Code is  
enacted to read:

"[NEW MATERIAL] SHORT TITLE.--This act may be cited as the  
"Safe Staffing Act"."

SECTION 2. A new section of the Health Care Code is  
enacted to read:

"[NEW MATERIAL] DEFINITIONS.--As used in the Safe Staffing  
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1 Act:

2 A. "critical access hospital" means a hospital  
3 that:

4 (1) provides twenty-four-hour emergency  
5 department services;

6 (2) has an average length of stay of no longer  
7 than ninety-six hours;

8 (3) has fewer than twenty-five acute care  
9 inpatient beds; and

10 (4) is located at least thirty-five miles from  
11 the closest hospital;

12 B. "critical care unit" means a unit that is  
13 established to treat patients whose severity of medical  
14 conditions require continuous monitoring and complex  
15 intervention by nurses;

16 C. "hospital" means a public, private for-profit or  
17 not-for-profit acute care, rehabilitation, limited service,  
18 critical access, general or special health facility offering  
19 inpatient services, nursing and overnight care seven days per  
20 week on a twenty-four-hour basis that is capable of treating no  
21 fewer than three patients for the purposes of diagnosing,  
22 treating and providing medical, psychological or surgical care  
23 for physical or mental illness, disease, injury, rehabilitative  
24 conditions and pregnancies. "Hospital" does not include  
25 clinics or outpatient departments that do not provide inpatient

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1 or emergency services;

2 D. "hospital network committee" means a staffing  
3 committee established in a network of hospitals that are owned  
4 or operated by the same entity;

5 E. "hospital staffing committee" means a staffing  
6 committee established in a single hospital;

7 F. "hospital unit" includes critical care units,  
8 burn units, labor and delivery rooms, post-anesthesia service  
9 areas, emergency departments, operating rooms, pediatric units,  
10 step-down or intermediate care units, specialty care units,  
11 telemetry units, general medical care units, subacute care  
12 units and transitional inpatient care units;

13 G. "rural" means a rural county or the area of a  
14 partially rural county that is not a municipality as designated  
15 by the health resources and services administration of the  
16 United States department of health and human services; and

17 H. "staffing committee" means nurse-led groups that  
18 create staffing plans for hospital units based on patient  
19 population, acuity and needs and the skills and experience of  
20 the hospital's staff."

21 SECTION 3. A new section of the Health Care Code is  
22 enacted to read:

23 "[NEW MATERIAL] HOSPITAL STAFFING RATIOS--STATEWIDE  
24 STAFFING ADVISORY COMMITTEE--CREATION--ORGANIZATION.--

25 A. The "statewide staffing advisory committee" is  
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1 created to advise the authority on matters related to nurse  
2 staffing. The committee consists of fifteen members who  
3 represent geographic areas of the state, appointed by the  
4 secretary as follows:

5 (1) two members shall be private hospital  
6 directors of nursing or chief nursing officers;

7 (2) two members shall be public hospital  
8 directors of nursing or chief nursing officers;

9 (3) two members shall be rural hospital  
10 directors of nursing or chief nursing officers;

11 (4) two members, at least one of whom shall be  
12 a nurse, shall be nonmanagerial and nonsupervisory employees of  
13 private hospitals who are primarily involved in direct patient  
14 care;

15 (5) two members, at least one of whom shall be  
16 a nurse, shall be nonmanagerial and nonsupervisory employees of  
17 public hospitals who are primarily involved in direct patient  
18 care;

19 (6) two members, at least one of whom shall be  
20 a nurse, shall be nonmanagerial and nonsupervisory employees of  
21 rural hospitals who are primarily involved in direct patient  
22 care;

23 (7) two members shall represent labor  
24 organizations that represent employees in public or private  
25 hospitals; and

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1 (8) one member shall represent the authority  
2 and serve as chair.

3 B. The initial committee shall be appointed so that  
4 six members serve for three years, five members serve for two  
5 years and four members serve for one year; thereafter, terms  
6 shall be for three years. Members, except the representative  
7 of the authority, shall serve no more than three terms. A  
8 member shall serve until the member's successor has been  
9 appointed and qualified. The secretary shall fill a vacancy by  
10 appointment of a member from the same membership category, and  
11 that member shall serve the remainder of the unexpired term.

12 C. The secretary shall appoint the committee  
13 members by September 1, 2026. The committee shall elect  
14 officers, other than the chair, as the committee determines to  
15 be necessary.

16 D. The committee shall meet as often as necessary  
17 for the committee to advise and provide data for the authority  
18 to use in promulgating rules pursuant to Section 5 of the Safe  
19 Staffing Act. The initial meeting of the committee shall occur  
20 no later than October 1, 2026.

21 E. A majority of members currently serving  
22 constitutes a quorum. A majority of members present is needed  
23 for the conduct of business. Members who are not otherwise  
24 eligible for travel reimbursement from government funds are  
25 entitled to be reimbursed for per diem and mileage as provided

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1 in the Per Diem and Mileage Act and shall receive no other  
2 compensation, perquisite or allowance for service on the  
3 committee.

4 F. The secretary may remove a member for neglect of  
5 duty."

6 SECTION 4. A new section of the Health Care Code is  
7 enacted to read:

8 "[NEW MATERIAL] NURSING STAFFING RATIOS.--

9 A. All hospitals are subject to the following  
10 minimum nurse staffing provisions:

11 (1) in an emergency department:

12 (a) a direct care registered nurse shall  
13 be assigned to not more than one trauma patient;

14 (b) the ratio of direct care registered  
15 nurses to patients shall average no more than one-to-four over  
16 a twelve-hour shift and a single direct care registered nurse  
17 may not be assigned more than five patients at a time; and

18 (c) direct care registered nurses  
19 assigned to trauma patients may not be taken into account in  
20 determining the average ratio;

21 (2) in an intensive care unit, a direct care  
22 registered nurse shall be assigned to no more than two  
23 patients;

24 (3) in a labor and delivery unit, a direct  
25 care registered nurse shall be assigned no more than:

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1 (a) two patients, if the patients are  
2 not in active labor or experiencing complications; or

3 (b) one patient, if the patient is in  
4 active labor or is at any stage of labor and is experiencing  
5 complications;

6 (4) in a postpartum, antepartum or well-baby  
7 nursery, a direct care registered nurse shall be assigned to no  
8 more than six patients, counting mother and baby as separate  
9 patients;

10 (5) in a mother-baby unit, a direct care  
11 registered nurse shall be assigned to no more than eight  
12 patients, counting mother and baby as separate patients;

13 (6) in an operating room, a direct care  
14 registered nurse shall be assigned to no more than one patient;

15 (7) in an oncology unit, a direct care  
16 registered nurse shall be assigned to no more than four  
17 patients;

18 (8) in a post-anesthesia service unit, a  
19 direct care registered nurse shall be assigned to no more than  
20 two patients;

21 (9) in an intermediate care unit, a direct  
22 care registered nurse shall be assigned to no more than three  
23 patients;

24 (10) in a medical-surgical unit, a direct care  
25 registered nurse shall be assigned to no more than four

1 patients;

2 (11) in a cardiac telemetry unit, a direct  
3 care registered nurse shall be assigned to no more than four  
4 patients;

5 (12) in a pediatric unit, a direct care  
6 registered nurse shall be assigned to no more than four  
7 patients;

8 (13) in a behavioral health unit, a direct  
9 care registered nurse shall be assigned to no more than four  
10 patients; and

11 (14) in a psychiatric unit, a direct care  
12 registered nurse shall be assigned to no more than four  
13 patients.

14 B. A charge nurse shall not be counted toward any  
15 ratio set in this section.

16 C. The ratios set forth in Subsection A of this  
17 section shall constitute the minimum number of registered  
18 nurses involved in direct patient care. Additional staff shall  
19 be assigned in accordance with a documented patient  
20 classification system for determining nursing care  
21 requirements, including the severity of the condition; the need  
22 for specialized equipment and technology; the complexity of  
23 clinical judgment needed to design, implement and evaluate the  
24 patient care plan; the ability for patient self-care; and the  
25 type of licensure required for care.

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1 D. The ratios set forth in Subsection A of this  
2 section shall not supersede ratios that require higher levels  
3 of nurse staffing set in collective bargaining agreements."

4 SECTION 5. A new section of the Health Care Code is  
5 enacted to read:

6 "[NEW MATERIAL] HOSPITALS--NURSE-TO-PATIENT STAFFING  
7 RATIOS--AUTHORITY--COMMITTEE--POWERS AND DUTIES.--

8 A. Each hospital or hospital network shall  
9 establish a staffing committee to evaluate the hospital's  
10 staffing needs and make a hospital staffing plan.

11 B. To create the hospital staffing plan, a hospital  
12 staffing committee shall ensure that minimum nurse-to-patient  
13 staffing ratios set in Section 4 of the Safe Staffing Act are  
14 maintained by a hospital.

15 C. By October 1, 2027, the authority, with the  
16 advice of the statewide staffing advisory committee, shall hold  
17 hearings to promulgate rules regarding:

18 (1) minimum, specific and numerical licensed  
19 or certified staff-to-patient staffing ratios for hospitals for  
20 employees other than nurses in units set forth in Section 4 of  
21 the Safe Staffing Act;

22 (2) rural general acute care and critical  
23 access hospital staffing needs; provided that the ratios  
24 promulgated pursuant to Paragraph (1) of this subsection may be  
25 adjusted to accommodate these needs;

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1 (3) emergency department staffing, which shall  
2 include the ratios provided pursuant to Paragraph (1) of this  
3 subsection but shall distinguish between regularly scheduled  
4 core staff nurses and additional nurses required to treat  
5 critical care patients. The authority may consider unlicensed  
6 personnel who provide direct patient care as a factor when  
7 setting nurse-to-patient staffing ratios;

8 (4) the documented patient classification  
9 systems to be used by hospitals in determining nursing care  
10 requirements, including the:

11 (a) severity of the illness to be  
12 treated;

13 (b) need for specialized equipment and  
14 technology;

15 (c) complexity of clinical judgment  
16 needed to design, implement and evaluate the patient care plan  
17 and the ability for self-care; and

18 (d) licensure of the personnel required  
19 for care; and

20 (5) circumstances in which it is permissible  
21 for a hospital to be outside of the established nurse-to-  
22 patient staffing ratios, including:

23 (a) when the number of patients in a  
24 hospital exceeds the nurse-to-patient staffing ratios, but only  
25 due to there being patients who: 1) have been cleared for

1 discharge but have not yet been discharged; or 2) are awaiting  
2 transfer to another facility;

3 (b) when a nurse is unable to report for  
4 a scheduled shift or must leave a shift early; and

5 (c) the duration of time in which a  
6 hospital unit may be outside of the established nurse-to-  
7 patient staffing ratios in one shift to allow time to bring in  
8 on-call nurses and other employees to meet the hospital unit's  
9 licensed nurse-to-patient staffing ratio.

10 D. The authority, in consultation with the  
11 statewide staffing advisory committee, shall review the rules  
12 promulgated in accordance with Subsection C of this section  
13 every five years."

14 SECTION 6. A new section of the Health Care Code is  
15 enacted to read:

16 "[NEW MATERIAL] HOSPITAL STAFFING RATIOS--HOSPITAL  
17 POLICIES AND PROCEDURES--TRAINING.--

18 A. A hospital shall:

19 (1) be staffed at a level to meet the staffing  
20 ratios established pursuant to the Safe Staffing Act and the  
21 hospital staffing plan set by its staffing committee, which  
22 shall be the minimum number of registered and licensed nurses  
23 involved in direct patient care;

24 (2) adopt written policies and procedures for  
25 nursing staff and other employees involved in direct patient

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1 care and temporary personnel, which shall require:

2 (a) training and orientation for  
3 providing direct patient care;

4 (b) orientation for registered nurses  
5 and other employees sufficient to provide competent care to  
6 patients in a nursing unit or clinical area prior to assigning  
7 the registered nurse or other employees to those areas;  
8 provided that the registered nurse or other employee also  
9 demonstrates competency in providing care in the assigned area;  
10 and

11 (c) temporary personnel orientation and  
12 competency evaluation; and

13 (3) submit a semiannual report, completed by  
14 the hospital's director of nursing or chief nursing officer, to  
15 the statewide advisory staffing committee and the authority.  
16 The report shall document the hospital's plans and efforts to  
17 meet staffing ratios recommended by the statewide staffing  
18 advisory committee.

19 B. A hospital may have additional staff in  
20 accordance with a documented patient classification system.

21 C. A hospital shall not:

22 (1) assign unlicensed personnel to perform  
23 nursing functions in lieu of a registered nurse; or

24 (2) allow unlicensed personnel under the  
25 direct clinical supervision of a registered nurse to perform

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1 functions that require a substantial amount of scientific  
2 knowledge and technical skills, including:

- 3 (a) administration of medication;
- 4 (b) intravenous therapy;
- 5 (c) parenteral or tube feedings;
- 6 (d) invasive procedures, including  
7 inserting nasogastric tubes and tracheal suctioning;
- 8 (e) assessment of the condition of a  
9 patient; and
- 10 (f) educating patients and their  
11 families concerning the patient's health care problems,  
12 including post-discharge care.

13 D. All hospitals shall adopt written policies and  
14 procedures for training and orientation of nursing staff and  
15 other employees involved in direct patient care. No registered  
16 nurse or other employee involved in direct patient care shall  
17 be assigned to a nursing unit or clinical area unless that  
18 nurse or other employee involved in direct patient care has  
19 first received orientation in that clinical area sufficient to  
20 provide competent care to patients in that area and has  
21 demonstrated current competence in providing care in that area.  
22 The written policies and procedures for orientation of nursing  
23 staff and other employees involved in direct patient care shall  
24 require that all temporary personnel shall receive orientation  
25 and be subject to competency validation.

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1 E. Nothing in this section precludes a registered  
2 or licensed nurse from working within that person's scope of  
3 practice."

4 SECTION 7. A new section of the Health Care Code is  
5 enacted to read:

6 "[NEW MATERIAL] HOSPITAL STAFFING RATIOS--VIOLATION--  
7 ENFORCEMENT--REMEDIES.--

8 A. A hospital shall provide written notice to the  
9 authority and the statewide staffing advisory committee  
10 whenever there are seven deviations from any staffing ratios  
11 established in the Safe Staffing Act during a rolling ninety-  
12 day period. The written notice shall:

13 (1) be provided within ten days of a seventh  
14 deviation from the staffing ratios established pursuant to the  
15 Safe Staffing Act;

16 (2) explain the cause of the deviations; and

17 (3) provide a plan to prevent future  
18 deviations.

19 B. No later than October 1, 2027, the authority,  
20 with the advice of the statewide staffing advisory committee,  
21 shall hold a hearing to promulgate rules that establish a  
22 process for investigating and remedying any violation of  
23 hospital staffing requirements. The rules shall:

24 (1) specify reporting requirements for  
25 deviations consistent with this section;

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1 (2) allow for the acceptance, investigation  
2 and resolution of complaints from hospital staff, exclusive  
3 representatives of hospital staff or members of the public; and

4 (3) provide an administrative appeals process  
5 for hospitals that are determined by the authority to be in  
6 violation of the hospital staffing requirements. A hospital  
7 shall have the right to judicial review of any final decision  
8 made by the authority pursuant to this section. A person  
9 aggrieved of a final agency decision by the secretary may  
10 appeal the decision to the district court as provided in  
11 Section 39-3-1.1 NMSA 1978.

12 C. If the authority determines, whether through a  
13 complaint process, hospital reporting or the authority's own  
14 independent investigation, that a hospital has engaged in a  
15 violation of staffing requirements, the authority shall:

16 (1) issue a warning for the first violation in  
17 a one-year period;

18 (2) impose a civil penalty on a sliding scale  
19 based on the number of beds in the hospital in an amount to be  
20 determined by the authority by rule, but not to exceed seventy  
21 dollars (\$70.00) per bed for the second violation of the same  
22 provision in a one-year period;

23 (3) impose a civil penalty on a sliding scale  
24 based on the number of beds in the hospital in an amount to be  
25 determined by the authority by rule, but not to exceed one

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1 hundred dollars (\$100) per bed for the third violation of the  
2 same provision in a one-year period; and

3 (4) impose a civil penalty on a sliding scale  
4 based on the number of beds in the hospital in an amount to be  
5 determined by the authority by rule, but not to exceed two  
6 hundred dollars (\$200) per bed for the fourth and subsequent  
7 violations of the same provision in a one-year period.

8 D. If the authority finds that a hospital has  
9 committed multiple violations of the staffing ratio  
10 requirements of a similar nature, the authority shall require  
11 the hospital to submit a corrective action plan for approval.  
12 If a hospital does not follow the corrective action plan  
13 approved by the authority, the hospital shall be fined in an  
14 amount not to exceed fifty thousand dollars (\$50,000) every  
15 thirty days until the hospital complies.

16 E. The requirements of this section or any rules  
17 adopted in accordance with this section may be enforced by a  
18 civil action brought by any interested person or organization  
19 for injunctive relief. In the event such a suit is at least  
20 partially successful, the court may award the interested person  
21 or organization litigation costs and reasonable attorney fees.

22 F. A hospital is not required to follow the  
23 staffing ratios established by the authority or the Safe  
24 Staffing Act in the event of:

25 (1) a national or state emergency requiring



1 the implementation of a facility disaster plan;

2 (2) sudden and unforeseen adverse weather  
3 conditions;

4 (3) mass casualty incidents;

5 (4) pandemic, epidemic or endemic illnesses;

6 or

7 (5) a staffing ratio conflicting with federal  
8 or state law regarding the governance requirements of a  
9 hospital.

10 G. The authority may grant waivers to rural or  
11 critical access hospitals for portions of the Safe Staffing Act  
12 if the hospital is able to document reasonable efforts to  
13 obtain adequate staff."

14 SECTION 8. A new section of the Health Care Code is  
15 enacted to read:

16 "[NEW MATERIAL] AUTHORITY RULEMAKING AND DATA  
17 COLLECTION.--

18 A. The authority shall collect and maintain the  
19 following information on an annual basis beginning July 1,  
20 2026:

21 (1) registered nurse retention rate, which is  
22 the hospital's number of registered nurses on staff by using  
23 the last four digits of each registered nurse's license number;

24 (2) agency and traveler nurse utilization,  
25 which are the number of agency or travel registered nurses

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1 employed by the hospital and the duration of each contract.

2 The authority shall use these statistics to substantiate the  
3 status of the state's registered nurse workforce shortage and  
4 to track short staffing data trends;

5 (3) retention and turnover rates, which  
6 includes hospital staff retention, turnover, voluntary turnover  
7 and involuntary turnover rates and used by the authority to  
8 determine the effectiveness of the Safe Staffing Act; and

9 (4) hospital staff position openings.

10 B. The authority shall conduct a comprehensive  
11 assessment of the Nurse Licensure Compact and determine its  
12 effect on the registered nurse workforce in New Mexico  
13 hospitals. This assessment shall determine, among other  
14 things, the number of registered nurses working in New Mexico  
15 hospitals who hold New Mexico licenses but practice or live in  
16 other states. The authority shall provide recommendations to  
17 the governor and the legislature on improvements necessary to  
18 address the registered nurse shortage in New Mexico.

19 C. The authority shall maintain a publicly  
20 accessible website posting each hospital's annual retention  
21 statistics, staffing levels, use of temporary contract staff,  
22 financial expenditure reports and audit findings."

23 SECTION 9. EMERGENCY.--It is necessary for the public  
24 peace, health and safety that this act take effect immediately.